



SPONSORSHIP REQUEST FORM

Thank you for considering becoming a sponsor of our charity event. Please fill out the information below for sponsorship.

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

ADDRESS #2: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: () _____ FAX NUMBER: () _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

(Please circle one)

WE ARE INTERESTED IN SPONSORING THE EVENT AT THE FOLLOWING LEVEL:

PLATINUM

GOLD

SILVER

BRONZE

PLEASE TELL US HOW YOU WANT TO SUPPORT OUR CAUSE: (i.e. – cash donation):

OTHER COMMENTS/SUGGESTIONS OR THINGS WE SHOULD KNOW:

Note: Please attach a jpeg version of your logo.

Please send completed form to suzy@breastcancersnowrun.org or by mail to address below

523 Elizabeth Street, Suite 203 Midland, Ontario L4R 2A2

1-877-436-6467

705-528-1053

Fax: 705-528-0782

www.breastcancersnowrun.org

Charitable Reg. Number 89537 6614 RR0001